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HEE LaSE Short Duration

(Taster) Placements for Trainee Pharmacists

**Community Pharmacy Workbook**

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**Foundation Training Year 2022/ 2023**

**Supporting educational training partnerships and cross-sector training development between pharmacy sectors**

# Contents of the Community Pharmacy Workbook

This short duration (Taster) placement workbook for Community Pharmacy should be used **in conjunction** with the short duration (Taster) placement for Trainee Pharmacists Guide. It has been created to support your experience and help you to get the most from the short duration (Taster) placement in community pharmacy. It is recommended that you work through this workbook with your placement supervisor and your Designated Supervisor (as required).

Trainee Pharmacists should use this workbook to identify their learning needs, refer to suggested learning resources and activities and map their evidence to the [GPhC Interim Learning Outcomes for Foundation Training Year](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/foundation-training-year-2021-22) to save in your portfolio or upload to your HEE e-portfolio. Trainee Pharmacists should also link this evidence to their Personal Development Plan (PDP).

This workbook is divided into 3 sections:

* Trainee Pharmacist **Pre-placement** Preparation
* Resources, activities, and tasks to support you **during** the placement
* **End of placement** activities.

Please refer to the **Short Duration (Taster) Placement for Trainee Pharmacist Guide** for:

* Pre-placement Preparation guidance including the Trainee Pharmacist Pre-Placement Preparation Checklist
* Information about placement supervision and Trainee Pharmacist responsibilities during the placement
* Annual/ study/ sick/ emergency leave and working hours guidance.

Hospital sector Trainee Pharmacists should also refer to the community pharmacy activities required as part of the HEE LaSE Foundation Training Year Handbook 2022-23 (available through HEE Moodle) and consider how these can complement or support your short duration (Taster) placement.

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## Acknowledgements

This workbook has been adapted from the HEE LaSE Trainee Pharmacist Programme Guide for Educational Programme Leads and Designated Supervisors 2022-23, HEE LaSE Foundation Training Year Handbook 2022-23 (available through HEE Moodle) and the [HEE Trainee Pharmacist in General Practice Foundation Training Handbook](https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacists-general-practice) 2022-23.

We would particularly like to thank Paydens Group of Pharmacies for their contribution of the Minor Ailments content.

# Section A: Pre-placement Preparation for Community Pharmacy Placements

Please refer to the refer to the **HEE LaSE Short Duration (Taster) Placements for** **Trainee Pharmacists Guide** for the general pre-placement preparation guidance, checklist, and timelines for preparation for the placement.

## Placement Learning Objectives

You should identify your own learning objectives for this placement in advance of the placement and share these with the placement supervisor, bearing in mind that not all will be possible to achieve or cover during a short placement. The placement supervisor will review to see which of these suggested objectives can be achieved during the placement.

**It is the Trainee Pharmacist’s responsibility to identify their key learning needs and agree these as placement objectives with the placement supervisor before the start of the placement.**

**Remember!**

This is a short *introduction* to community pharmacy. It will **not be possible** to cover all the suggested objectives or related activities, or all the GPhC learning outcomes you would like to complete during this time.

## Placement Objectives

Table 1 lists a range of suggested objectives and activities that could be undertaken by a Trainee Pharmacist to enable completion of the placement objectives.

You can map evidence from your placement activities and tasks to these and save these in your portfolio or upload to your HEE e-portfolio.

**Note for Supervisors and Trainee Pharmacists on the HEE Pharmacy London Foundation Training Year.**

Placement suggested objectives in **Table 1** are **identical** to the placement activities advised in the ‘HEE Pharmacy London Trainee Pharmacist Programme Guide for Educational Programme Directors and Designated Supervisors’ under section: ‘Suggested Activities for Inclusion in Foundation Programmes - Community Pharmacy’.

| Table 1: Community Pharmacy Placement: Suggested Objectives  Remember: Not all activities in this table will be possible or achievable during a short duration placement. | |
| --- | --- |
| Community Pharmacy: Suggested Objectives  Note: These are identical to the community pharmacy suggested activities included in the HEE FTY Programme | |
| 1. | Identify compliance with the role of the Responsible Pharmacist regulations and Standard Operating Procedures. |
| 2. | Describe the process of endorsement, pricing, and sorting/submission of prescriptions according to the NHS Business Services Authority Prescriptions Services department. To include:   * Medicinal products * Appliances (medical devices) * Unlicensed specials and imports * Special containers i.e., oral liquid antibiotics requiring reconstitution * Split pack dispensing * Veterinary products * End of month prescription submission process for paper and electronic prescriptions. |
| 3. | Demonstrate ability to receive (including validity, eligibility, and legal checks) and dispense prescriptions commonly presented in primary care. To include:   * Prescriptions issued by a GP or non-medical prescriber * Private prescriptions (including payment of) * Prescriptions for Schedule 1, 2 or 3 controlled drugs, to include methadone * Private CD prescriptions * Prescriptions for supply by instalments * Prescriptions issued by a dentist * Prescriptions issued by a vet. |
| 4. | Describe the process involved in dealing with requests for urgent/emergency supply of a Prescription Only Medicine (POM):   * At the request of a prescriber * At the request of a patient or a patient’s representative * As part of the Community Pharmacy Consultation Service (CPCS) referrals received from 111. |
| 5. | Describe the process of assessing the suitability of compliance aids and awareness of the Disability Discrimination Act (DDA assessment) i.e., dosette boxes. |
| 6. | Apply consultation skills to all patient encounters in the community pharmacy setting. To include:   * Issue of medication to patients * Gaining an accurate history of medication or health to inform over the counter (OTC) sales * Ad-hoc and planned conversations with patients about their health concerns and medicines * Opportunities for health promotion * Identifying red flags during consultations. |
| 7. | Identify conditions or situations that need referring to another healthcare professional and signpost accordingly. |
| 8. | Identify common conditions that may be treated by non-prescription medicines and relate the selection of OTC and treatments for minor ailments to treatment guidelines, drug properties and the patient. |
| 9. | Create and utilise opportunities to promote health and wellbeing to patients e.g., ‘making every contact count’ (MECC), organising or participating in a healthy living pharmacy campaign. |
| 10. | Identify current referral pathways for patients and describe when and how these should be applied. To include:   * Referral into community pharmacy service/s e.g., direct to pharmacy referrals from NHS 111 * Referral into community pharmacy service/s from general practices for minor illness * Referral from community pharmacy service/s to another healthcare professional or into other healthcare services. |
| 11. | Recognise the role of community pharmacy within the wider NHS and describe the different services provided by community pharmacies including the placement pharmacy:   * Essential services * Advanced services * Enhanced services (locally commissioned services) in response to the needs of the local population. |
| 12. | Observe services provided by the placement pharmacy such as hypertension case-finding service (NHS Blood Pressure Check Service) and vaccination services (flu and covid-19) etc. |

## Pre-placement Learning

The following documents and websites are **suggested learning** to help you prepare for your short duration (Taster) placement in community pharmacy.

**You should check with your placement supervisor if there are any additional resources you should read or complete before the start of the placement**.

You may wish to write a reflective account or evidence on the completed e-learning and save any certificates in your portfolio or upload under ‘Miscellaneous Evidence Upload’ in your HEE e-portfolio.

|  |  |
| --- | --- |
| **Table 2: Suggested Pre-placement Learning** | **Source** |
| Emergency contraception | CPPE |
| Hypertension case-finding service | CPPE |
| New medicine service | CPPE |
| NHS CPCS essential skills | CPPE |
| NHS Discharge Medicines Service: improving outcomes for patients transferring care | CPPE |
| Pharmacy in Primary Care | e-LfH |
| Preparation for Community Pharmacy Practice | CPPE |
| Primary Care Essentials | CPPE |
| Repeat dispensing | CPPE |
| Responsible pharmacist | CPPE |
| Safeguarding children and vulnerable adults (Level 2) | CPPE |
| Substance use and misuse | CPPE |
| Summary care records | CPPE |

## Self-assessment Quiz

You should complete the Self-assessment Quiz **before the start** of their placement and again at the **end of your placement** to see what you have learned from the experience. This should then be saved in your portfolio or uploaded to the ‘Miscellaneous Evidence Upload’ section in your HEE e-portfolio.

|  |  |  |
| --- | --- | --- |
| **Table 3: Self-assessment Quiz in community pharmacy placement** | | |
| **Statement** | **Prior to placement**  **Yes/No** | **At end of placement**  **Yes/No** |
| I understand what is meant by Essential, Advanced and National Enhanced services |  |  |
| I can provide examples of Essential, Advanced and National Enhanced services |  |  |
| I understand what is meant by the Responsible Pharmacist |  |  |
| I understand what responsibilities entail being a Responsible Pharmacist |  |  |
| I understand each member of the pharmacy teams responsibilities |  |  |
| I feel confident providing advice on over-the-counter medicines |  |  |
| I feel confident counselling patients on their medication |  |  |
| I understand the process and reasoning behind providing a patient with a dosette box and what medication cannot be placed into a dosette box |  |  |
| I am familiar with different types of prescriptions and how to endorse them |  |  |
| I feel confident dispensing methadone |  |  |
| I understand what needs to be included in the CD register |  |  |
| I under what needs to be included in the Responsible Pharmacist log |  |  |
| I know how to check and log fridge temperatures |  |  |
| I know the stock control and ordering process in a community pharmacy |  |  |
| I know the pharmacies process for handling near miss errors |  |  |
| I understand the process of repeat dispensing |  |  |
| I understand in what cases summary care records can be accessed |  |  |
| I understand the process of providing an emergency supply at the request of a prescriber |  |  |
| I understand the process of providing an emergency supply at the request of a patient |  |  |
| I know who is exempt from paying NHS prescription charges |  |  |
| I understand prescription charges and in what situations multiple charges may be accrued |  |  |
| **End of Placement - Further Learning Needs Identified can be recorded here:** | | |
|  | | |

# Section B: During the Placement

## Induction Checklist

At the start of your placement, the following induction checklist should be discussed with your placement supervisor. This list is not exhaustive - additional lines have been included for any further points to be added. See the **Short Duration (Taster) Placement Trainee Pharmacist Guide** for further details.

|  |  |
| --- | --- |
| **Table 4: Induction checklist** | **Tick if completed** |
| 1. **Introductions**:  * Placement supervisor * The pharmacy team including other Trainee Pharmacists (if applicable) * The wider MDT team (if applicable) |  |
| 1. Expectations from the **Placement Supervisor** - to be agreed prior to the placement and revisited at the start of the placement |  |
| 1. Expectations from the **Trainee Pharmacist** - to be agreed prior to the placement and revisited at the start of the placement |  |
| 1. Key responsibilities during the placement and desired outcomes discussed - to be agreed prior to the placement and revisited at the start of the placement (refer to self-assessment quiz) |  |
| 1. Agree any key Foundation Training Year Interim Learning Outcomes to focus on and achieve (if possible) during the placement (refer to placement objectives and placement timetable) |  |
| 1. Check and discuss local changes to the workbook e.g., placement timetable |  |
| 1. Working hours and study time – including any tea and/or lunch break(s) |  |
| 1. Leave requests and planning during the placement |  |
| 1. Sickness reporting procedure – for placement provider and the employing organisation |  |
| 1. Dress code - to be shared with the Trainee Pharmacist in advance of the placement. |  |
| 1. Fire safety protocol, fire exits and First Aid |  |
| 1. Pharmacy/ placement environment layout (toilet, break room, consultation rooms, etc) |  |
| 1. ID Badge |  |
| 1. Smartcard and IT access (if required) |  |
| 1. IT system training (if applicable) |  |
| 1. Mandatory training required/ completed e.g., information governance |  |
| 1. COVID-19 Risk Assessment completed (refer to local requirements) – see Table 5. |  |
| ***Additional induction requirements:*** *to be added by placement supervisor* |  |
|  |  |
|  |  |

A COVID-19 Risk Assessment be Template has been included in Table 5. This is not mandated to be completed but may adapted as necessary to fit local needs, or a local COVID-19 risk assessment could be used instead.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 5: COVID-19 Risk Assessment Template – to be adapted to meet local requirements (if necessary)** | | | |
| **Item** | **Details** | **Tick if completed** | **Action/Follow up needed** |
| [**Risk Assessment**](https://www.nhsemployers.org/articles/risk-assessments-staff)  [**Who is at higher risk**](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/)  [**Pregnancy and Coronavirus**](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/)  [**COVID-19: understanding the impact on BAME communities**](https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities) | Risk factors include age, ethnicity, gender, underlying health conditions, pregnancy, BMI. |  |  |
| **Covid-19 Vaccination** | If required, confirm the TP vaccination status.  Seek advice from Occupational Health department if any concerns. |  |  |
| **Discussion about adjustments which may be needed to reduce risk.** | Adjustments may include reducing patient-facing activities, redeployment to lower risk areas, amendments to travel to and from work. |  |  |
| **Personal protective equipment** | TPs must understand the employer’s policy on PPE and have access to the relevant equipment. |  |  |
| **Lateral flow testing to be completed and recorded.** | Placement site to confirm requirements and reporting process and advise Trainee Pharmacist on induction. |  |  |

*Source: Adapted from HEE Trainee Pharmacist in GP Practice Programme Handbook 2021-22.*

## Sample Timetable for a 2-week Placement in Community Pharmacy

A sample 2-week placement timetable (Table 6) has been designed with suggested activities that link to the placement objectives. The sample timetable is **designed to be fully flexible** so it can **be adapted** by the Placement supervisor to meet the local services and structures, supervisor’s availability and the TP’s requirements.

As the placement is short in duration, much of the training may be observed. However, where possible and under appropriate supervision, TPs should also **be given opportunities to do tasks** to help them demonstrate their learning outcomes.

**Table 6. Community Pharmacy Sample Placement Timetable – To be adapted by the placement supervisor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week 1** | **Monday/ Day 1** | **Tuesday/ Day 2** | **Wednesday/ Day 3** | **Thursday/ Day 4** | **Friday/ Day 5** |
| **AM** | * Introduction to community pharmacist supervisor * Introduction to team * Layout of dispensary * Roles and responsibilities of the team   Read and sign SOPs | * Checking and logging fridge temperature * How to record and report near miss errors * How to safely dispose medicines (including CDs) * Stock rotation and ordering stock process | * Understand the CD register, methadone record keeping, needle exchange (if applicable) * Understand when summary care records can be accessed * 1:1 with Healthcare Counter Assistant | * One-to-one with Medicines Counter Assistant/ Dispenser * Understand CPCS * Shadow pharmacist giving advice to patients | * One-to-one with Pharmacy Technician * Understand DMS and NMS * Shadow pharmacist giving advice to patients |
| **PM** | * Responsible Pharmacist (RP) responsibilities (RP log, what can and can’t be done in RPs absence) * Introduction to the PMR system | * Understand the repeat dispensing process * Understand how to endorse prescriptions | * Understand the difference between Essential, Advanced and National Enhanced services – identify which services the pharmacy provides * Familiarise yourself with local services that you can signpost patients to * Understand dosette box process | * Dispense medicines, under the supervision of the pharmacist, clinically and accurately check the prescription *(note: RP still required to do the final check)* | * Over-the-counter experience * Dispense medicines, under the supervision of the pharmacist, clinically and accurately check the prescription *(note: RP still required to do the final check)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week 2** | **Monday/ Day 6** | **Tuesday/ Day 7** | **Wednesday/ Day 8** | **Thursday/ Day 9** | **Friday/ Day 10** |
| **AM** | * Understand what a Healthy Living Pharmacy is and the role of the Healthy Living Champion * Understand how the smoking cessation service is provided (if applicable) * One-to-one with Accuracy Checking Technician (if there is one) | * Counsel patients under the supervision of the Responsible Pharmacist * Dispense medicines, under the supervision of the pharmacist, clinically and accurately check the prescription *(note: RP still required to do the final check)* | GAP – To be completed by placement supervisor | GAP – To be completed by placement supervisor |  |
| **PM** | * Undertake NMS under Responsible Pharmacist’s supervision * Explore the hypertension case-finding service * Over-the-counter experience | * Understand how to dispense and check medicine compliance aids (dosette boxes) * Over-the-counter experience | GAP – To be completed by placement supervisor | GAP – To be completed by placement supervisor | **Placement review and feedback**   * One-to-one with the community pharmacy placement supervisor * Reflections and lessons learned. * Placement Feedback * Complete placement evaluation form |

## Placement Resources

Table 7 below signposts to resources and e-learning you may find useful to explore before and during your placement and as part of your professional development. These are suggested resources to help support your placement and wider foundation training. They are **not mandated**, and **you are not required to complete or read all of the below resources before or during the placement.**

Additional lines can be added to include any additional e-learning you plan to cover or for your placement supervisor to add recommended resources to be completed.

You may wish to write a reflective account or evidence on the completed e-learning and save in your portfolio or upload any certificates under ‘Miscellaneous Evidence Upload’ in your HEE e-portfolio.

|  |  |  |
| --- | --- | --- |
| **Table 7: Resources to support short duration (Taster) placement in community pharmacy and professional development** | | |
| **Course name and link** | **Source** | **Add date if completed** |
| [COVID-19 and COVID-19 vaccination learning and resource hub: CPPE](https://www.cppe.ac.uk/covid-19/) | CPPE |  |
| [Emergency contraception: CPPE](https://www.cppe.ac.uk/programmes/l/ehc-e-03) | CPPE |  |
| [National Pharmacy Services - PSNC Website](https://psnc.org.uk/national-pharmacy-services/) | PSNC |  |
| [New medicine service (NMS): CPPE](https://www.cppe.ac.uk/programmes/l/nms-e-01/) | CPPE |  |
| [NHS Community Pharmacist Consultation Service (cppe.ac.uk)](https://www.cppe.ac.uk/gateway/cpcs) | CPPE |  |
| [NHS community pharmacy hypertension case-finding pilot (cppe.ac.uk)](https://www.cppe.ac.uk/services/hypertension-case-finding) | CPPE |  |
| [NHS Discharge Medicines Service: improving outcomes for patients transferring care: CPPE](https://www.cppe.ac.uk/programmes/l/transfer-e-02) | CPPE |  |
| Pharmacy in Primary Care: [HEE e-LfH Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_50475_50476&programmeId=50475) | e-LFH |  |
| [Preparing for community pharmacy practice: CPPE](https://www.cppe.ac.uk/programmes/l/prepare-ec-01) | CPPE |  |
| [Repeat dispensing: CPPE](https://www.cppe.ac.uk/programmes/l/repeat-e-01/) | CPPE |  |
| [Responsible pharmacist: CPPE](https://www.cppe.ac.uk/programmes/l/response-e-01/) | CPPE |  |
| [Safeguarding children and adults at risk: a guide for the pharmacy team: CPPE](https://www.cppe.ac.uk/programmes/l/safegrding-e-02) | CPPE |  |
| [Substance use and misuse: CPPE](https://www.cppe.ac.uk/programmes/l/substance-e-02) | CPPE |  |
| [Summary Care Records (cppe.ac.uk)](https://www.cppe.ac.uk/gateway/summary) | CPPE |  |

## Placement Activities & Tasks

The guidance, activities and tasks in this section should support you to lead the placement objectives and activities in the placement timetable. You are encouraged to explore topics and roles beyond these questions and activities to gain full benefit from this placement.

Your placement supervisor will review the activity resource sections, tasks and topics with you and should use the list in Table 8 to indicate in the right-hand column which topics are relevant to the placement. They could share this list with you before the start of the placement or during the induction.

**Remember:** There is **no requirement** to cover all the suggested TP activities, tasks or topics during the placement.

|  |  |
| --- | --- |
| **Table 8: Placement supervisor to indicate which topics are applicable to the placement objectives and placement timetable.** | **To be used in Placement?**  Placement supervisor to tick |
| **4.1 Activity 1: Minor Ailments** |  |
| **4.2 Activity 2: Community Pharmacy Mental Health Conditions Scenarios** |  |
| 4.2.1 Points to consider for Section 2: Community Pharmacy Mental Health Conditions Scenarios |  |
| * 1. **Activity 3: Legal vs Ethical Scenarios in Community Pharmacy** |  |
| 4.3.1 Points to consider for Section 3: Legal vs Ethical Scenarios in Community Pharmacy |  |

## 4.1 Activity 1: Minor Ailments

**Below are common conditions that you may come across in a community pharmacy. Go through each one and write down a suitable over-the-counter (OTC) product and consultation notes that you may provide to the patient.**

|  |  |  |
| --- | --- | --- |
| **Condition** | **OTC Product recommended** | **Consultations Notes** |
| Infrequent cold sores of the lip |  |  |
| Conjunctivitis |  |  |
| Nasal congestion |  |  |
| Infrequent migraine |  |  |
| Dry Cough |  |  |
| Productive Cough |  |  |
| Haemorrhoids |  |  |
| Infant colic |  |  |
| Diarrhoea in adult |  |  |
| Infrequent constipation |  |  |
| Heartburn |  |  |
| Dry Eyes |  |  |
| Earwax |  |  |
| Headlice |  |  |
| Insect bite |  |  |
| Dry skin |  |  |
| Eczema flare up |  |  |
| Hayfever |  |  |
| Mouth ulcer |  |  |
| Oral Thrush |  |  |
| Ringworm |  |  |
| Tooth ache |  |  |
| Threadworm |  |  |
| Travel Sickness |  |  |
| Warts |  |  |
| Verrucae |  |  |

## 4.2 Activity 2: Community Pharmacy Mental Health Conditions Scenarios

**The following 10 scenarios regarding mental health conditions are hypothetical situations that you may come across whilst working in a community pharmacy.**

Go through each scenario (aim for 1 a day if you are on a 2-week placement) and consider the questions being asked. Once completed, share your thoughts with the pharmacist whom you are shadowing. Note, you should answer the questions in the scenarios as though you are a registered pharmacist.

1. **Low mood**

You work in a community pharmacy and your medicines counter assistant approaches you to ask if you could speak to Mrs BT. Mrs BT is 33 years old and would like to purchase St John’s Wort as she read online that it is a herbal remedy that can help if you’re feeling “in a low mood”. How would you counsel Mrs BT? What suitable advice can you provide to her?

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1. **Low mood continued**

Upon further discussion, Mrs BT reveals to you that she gave birth a month ago and has been really struggling adapting to being a new mum and bonding with her new-born baby. How would you approach this situation?

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1. **Depression**

Mr NJ would like to buy ibuprofen tablets for a headache. Whilst going through your WWHAM questions, Mr NJ tells you he doesn’t take any other medicines except for sertraline 50mg OD. What would be the most appropriate advice in light of this?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Insomnia**

Mr DD is 45 years old and has been struggling to sleep. He has recently been abroad and blames jet lag for his inability to get a good night’s rest. He would like to buy Nytol One-A-Night (diphenhydramine hydrochloride 50mg). How would you counsel Mr DD? What advice would you provide him with?

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1. **Insomnia**

Ms VW, 48 years old, comes into the pharmacy asking for some advice. She hasn’t been able to sleep well recently and wants something to help. She works in a high intensity role, working on average 12 hours a day. Because of her work schedule, she often has take-away food and ready meals and likes to have two glasses of wine a night to help aid sleeping. What advice could you provide her with?

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1. **Bipolar disorder interaction**

Miss LR, 26 years old, takes lithium for bipolar disorder. She has had toothache for the past four days and would like pain relief. She’s tried paracetamol but says it hasn’t helped. What advice would be suitable to provide her with? What treatment options can you provide her with?

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1. **Substance misuse**

It is bank holiday Monday and you are working as a locum pharmacist. Mr TA enters the pharmacy expecting to collect his methadone. You can see from his prescription that he has missed 3 doses. His GP surgery and drug addiction clinic are both closed for the bank holiday but will reopen tomorrow. How would you respond in this situation?

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1. **OCD**

Mrs GG, 63 years old, would like you to recommend a “good” hand cream for her. On examining her hands, you can see that they are very dry, and her skin is flaking and cracked in places. During the consultation, Mrs GG explains that she “fears germs” and so likes to keep her hands clean which leads to her washing them multiple times during the day. During the coronavirus pandemic, her need to keep her hands clean has been more so, as she is scared that she will spread the virus through surface transmission and onto her family. It affects her daily life, as she is constantly in fear that her hands are not 100% clean all the time. What advice can you provide Mrs GG with? Are there any suitable treatments you can recommend?

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1. **Self-harm**

Mr JD, 19 years old, comes into the pharmacy holding his arm with a towel around it. He lives nearby and said he accidentally cut himself whilst cooking and is bleeding. You provide first aid and notice that there are several cut marks across his arm. He is wearing a long-sleeved top, but you catch a glimpse of his other arm and notice his wrist has scratch marks across it too. What would be the most appropriate action in this situation?

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1. **Olanzapine**

Mr SP, one of your patients, would like your advice. For the past couple of days, he has been feeling really tired, nauseas and weak and finds that no matter how much water he drinks he is constantly thirsty. This is affecting his daily routine. He says he has not done anything differently over the last few days so is unsure what has brought this on. You check his PMR and see he takes olanzapine 10mg which he has been taking for the past 7 months. What could be the cause of Mr SP’s symptoms? What would be the most appropriate next steps?

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## 4.2.1 Points to consider - Community Pharmacy Mental Health Conditions Scenarios

Here are points to consider to the community pharmacy mental health conditions scenarios:

1. **Low mood**

* WWHAM questions
* Is she pregnant or breast-feeding?
* Is there a more suitable alternative?
* Are you able to establish the root cause of why Mrs BT is feeling low?
* Would referring Mrs BT be appropriate? Are there any support groups or charities you can signpost to her?
* What concerns are there with the use of St John’s Wort?

**2. Low mood continued**

* Empathy skills
* Consider non-verbal and verbal communication
* Signpost to support charities available for post-natal depression, for example, Mind or information on the NHS website (check in the local area if there are any nearby support groups)

1. **Depression**

* Sertraline is an SSRI, ibuprofen is an NSAID, the two interact – there is an increased risk of hyponatraemia and an increased risk of bleeding
* Has Mr NJ already tried an alternative, such as, paracetamol?
* Does Mr NJ know what is causing the headache? How long has he had it for? Is it recurrent?
* How long has he been taking sertraline? When was his last review? A common-very common side effect is headaches

1. **Insomnia**

* WWHAM questions
* Has Mr DD taken Nytol One-A-Night before?
* Counselling points for Nytol One-A-Night (refer to the summary of product characteristics and the patient information leaflet)
* Sleep hygiene

1. **Insomnia**

* Provide advice on recommended units of alcohol per week, importance of alcohol-free days
* Dietary and lifestyle advice
* Sleep hygiene
* The effects of alcohol on sleep

1. **Bipolar disorder interaction**

* Lithium and NSAIDs interaction
* Consider referring to a dentist as tooth pain has lasted more than 2 days
* Consider codeine
* Advice to rinse mouth with salt water
* Consider pain-relieving gel
* Provide practical tips such as eating soft foods, avoid chewing food on the side with the sore tooth etc.

1. **Substance misuse**

* If a patient misses 3 days of methadone, then usually supply would be refused, and the patient referred to their keyworker/clinic or GP – however in this situation they are both closed
* Legal vs ethical considerations
* Are there other healthcare professionals you could contact for guidance?
* Does the patient have a direct number to their key worker?

1. **OCD**

* Consider referring Mrs GG to her GP, as she is displaying symptoms of OCD
* Signpost to local psychological therapy services in the area
* Mrs GG may not be aware that she is displaying symptoms of OCD, consultation needs to be handled sensitively
* Consider recommending creams or ointments for very dry skin (Cetraben, e45, Diprobase)
* Consider recommending soap substitutes

1. **Self-harm**

* Safeguarding incident – ensure you know how to follow the correct safeguarding procedures
* Consider checking if there are local organisations or charities that can help advice you in this situation
* Consultation needs to be handled sensitively

1. **Olanzapine**

* Hyperglycaemia has been uncommonly reported with olanzapine use
* When a patient is initiated on olanzapine, they should be counselled on signs and symptoms of hyperglycaemia (polyuria, polydipsia, fatigue, nausea, fruity smelling breathe)
* Mr SP should be immediately referred to his GP

## 4.3 Activity 3: Legal vs Ethical Scenarios in Community Pharmacy

**The following 6 scenarios relate to legal vs ethical queries. These are hypothetical situations that you may come across whilst working in a community pharmacy.**

Go through each scenario and consider the questions being asked. Once completed, share your thoughts with the pharmacist whom you are shadowing. Note, you should answer the questions in the scenarios as though you are a registered pharmacist.

1. **Methadone**

It is Saturday morning and you are a locum pharmacist. Mr BK comes to the pharmacy – he collects 50ml of methadone every day (unsupervised consumption), but usually collects 100mls on a Saturday as the pharmacy is closed on a Sunday. You can see from his prescription that he has not collected his methadone since Tuesday of that week. What would be the most suitable action to take in this situation?

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**Further learning opportunity:**

* Familiarise yourself with instalment dispensing, dispensing methadone, and buprenorphine

1. **NMS**

You are trying to call Ms UO who is on the new medicines service (NMS). She is at the follow-up stage of the consultation and previously consented to you calling her at home in relation to the NMS. You call the landline number provided but a gentleman answers the phone and tells you that Ms UO is unable to take the call and what the call is in regards to. What would be the most appropriate explanation?

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**Further learning opportunity:**

* Familiarise yourself with the new medicine service, including patients eligible for the service and the NMS list

1. **Unknown pills**

A lady approaches the pharmacy counter and passes to you a strip of pills she found in her daughter’s room. She would like you to tell her what medicine her daughter is taking. What would be the most suitable response in this situation?

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1. **Error**

A man angrily comes into the pharmacy to tell you that he was handed the wrong medication and he identifies that it was you who handed the medication to him. Upon inspection, you notice that this man and his son have the same name and that he had been accidentally handed his son’s medication rather than his own. You are unaware whether or not this man knows that his son takes prescribed medication. How would you handle this situation?

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**Further learning opportunity:**

* Familiarise yourself with the pharmacy’s error logging procedure

1. **Lost in translation**

A new patient arrives to the pharmacy, with her granddaughter, and has been prescribed a new medicine and therefore needs counselling. The patient cannot speak or understand English very well, but her granddaughter says she will translate. You start noting some of the key side effects for the patient to be aware of but the granddaughter interrupts and tells you she won’t translate this to her grandmother because she thinks it will scare her into not taking the medicine. Consider what you should do in this situation.

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**Further learning opportunity:**

* Familiarise yourself with the Gillick competency

1. **Isotretinoin**

A 14-year-old girl and her mother come into the pharmacy and hand over a prescription for isotretinoin for acne, but you notice the prescriber has missed off the pregnancy status requirement on the prescription. You explain to the girl and her mother that as per the Pregnancy Prevention Programme, you need to contact the prescriber because of the missing detail. The mother explains that her daughter has been brought up in a highly religious, conservative family and becomes angry and flustered at the suggestion that her daughter could be sexually active. She demands there is no need to delay the prescription being filled and no need to contact the prescriber. Consider how you would handle this situation.

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**Further learning opportunity:**

* Familiarise yourself with the Pregnancy Prevention Programme (PPP)
* What other medicines are under the PPP?
* How long is an isotretinoin prescription valid for under the PPP?
* What is the maximum quantity of isotretinoin that can be supplied to someone under the PPP?

## 4.3.1 Points to consider - Legal vs Ethical Scenarios in Community Pharmacy

Here are points to consider to the legal vs ethical scenarios in community pharmacy:

1. **Methadone**

* Would you supply methadone to cover the weekend?
* Is his GP surgery open?
* Does he have a direct contact number to his key worker?

1. **NMS**

* Consider what information, if any, you can provide to the gentleman taking into account confidentiality

1. **Unknown pills**

* Consider what information, if any, you can provide to the lady taking into account confidentiality

1. **Error**

* Would you inform the man’s son of the encounter to make him aware?
* What if the father didn’t know his son was on medication?
* How should this error be logged?
* Who, if anyone, should this matter be reported and/or escalated to?

1. **Lost in translation**

* Can you withhold information from the patient if the family deems it to be suitable?
* Can you force the granddaughter to translate the information?
* How can you confirm the granddaughter is translating the information in the way you intend?
* Consider Gillick competency

1. **Isotretinoin**

* Can you fulfil the prescription with the missing pregnancy status?
* How can you sensitively explain the purpose of the Pregnancy Prevention Programme?

# Section C: End of Placement

At the end of your placement, you should:

* Review your **learning objectives** and completed activities
* Ensure you map any evidence against the GPhC interim Learning Outcomes
* Review and save any completed SLEs, assessments and evidence to your portfolio
* Complete the **Self-assessment Quiz** (Table 3) to identify further learning needs and development opportunities.

These may support you to complete an end of placement reflective account that should be discussed with your placement supervisor, together with the placement supervisor end of placement feedback form.

## 1. Reflection

Complete an end of placement reflective account evidence to save in your portfolio or to complete using the tab in your HEE e-portfolio.

## 2. End of Placement Feedback

Discuss your placement outcomes with your placement supervisor as part of your end of placement meeting.

As part of this, identify any GPhC learning outcomes you have completed and any areas for further development.

Ask your placement supervisor to complete the **End of Short Duration (Taster) Placement** **Feedback Form** below so that you can save this in your portfolio or upload this as an attachment to your HEE e-portfolio reflective account evidence for the placement.

## 2.1 End of Short Duration (Taster) Placement - Supervisor Feedback Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Pharmacist Name:** | |  | |
| **Placement Supervisor Name:** | |  | |
| **Placement Sector:** |  | **Placement Duration:** |  |
| **Placement supervisor feedback on Trainee Pharmacist’s development during the taster placement** | | | |
|  | | | |
| **Placement supervisor feedback on areas the Trainee Pharmacist could further develop, or additional learning needs identified during placement.** | | | |
|  | | | |
| **Agreed learning action points with Trainee Pharmacist (using SMART objectives)** | | | |
|  | | | |
| **Placement Supervisor Signature & Date** | |  | |
| **Trainee Pharmacist Signature & Date** | |  | |

# Evaluation

The HEE LaSE short duration (Taster) placements are pilot cross-sector placement resources. It is important that HEE gain feedback from stakeholders, supervisors and Trainee Pharmacists who use the guides and workbooks. Stakeholder feedback will enable HEE LaSE to continuously improve the guides and workbooks and ensure the resources support Trainee Pharmacist foundation training year and organisations.

All placement supervisors and Trainee Pharmacists who complete a short duration (taster) placement will be asked to provide feedback through HEE evaluation process through the HEE website.

# Further support and points of contact for Short Duration (Taster) placements

For further support and guidance on the HEE LaSE resources, templates, and advice for setting up short duration (taster) placements, please contact the HEE LaSE Early Careers team: [lasepharmacy@hee.nhs.uk](mailto:lasepharmacy@hee.nhs.uk)

# Glossary & Abbreviations

|  |  |
| --- | --- |
| **CPPE** | Centre for Postgraduate Pharmacy Education |
| **DS** | Designated Supervisor(s) responsible for having oversight of the Trainee Pharmacist’s training and for signing off their competence at the end of the Foundation Training Year. They will work with placement partners to support the TP in meeting the learning outcomes. Overall responsibility and sign off for the foundation training year remains with the employing organisation DS. |
| **e-LfH** | e-Learning for Health |
| **GPhC** | General Pharmaceutical Council, the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. |
| **HEE LaSE** | Health Education England London and South East |
| **iLO** | GPhC Interim Learning Outcomes for foundation training year |
| **PDP** | Personal Development Plan. Trainee Pharmacists should complete a Learning Needs Analysis that will form the basis of their personal development plan (PDP) and help them to develop smart objectives. |
| **Placement supervisor** | Lead pharmacist supervisor for short duration (taster) placements. They will be responsible for acting as point of contact for TPs on placement, reviewing the TP learning needs, organising TP induction, setting placement objectives, activities, and placement timetable, and providing feedback on tasks and activities completed by the Trainee Pharmacist. |
| **RPS** | Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy |
| **SLEs** | Supervised learning events are structured assessment tools that TPs and their supervisor(s) may use to record and reflect on performance of a practice-based assessment activity e.g., patient consultation, to record which GPhC iLOs it provides evidence for, and agree next developmental steps. |
| **TP** | Trainee Pharmacist who is undertaking their foundation training year |

# Appendix 1: Accessing e-Learning for Health (e-LfH)

Trainee Pharmacists can register and access e-LfH via the Centre for Pharmacy Education (CPPE) website, which can be found at [e-Learning for Healthcare learning modules: CPPE](https://www.cppe.ac.uk/programmes/l/leaders-e-00/)

Once you have a CPPE account, you can access the e-learning by doing the following actions:

1. Log in to the CPPE website.
2. Navigate to the e-learning portfolio.
3. Click on the 'e' icon next to HEE e-learning for healthcare e-learning modules and you will be taken to the HEE e-LfH Portal.
4. Click 'Launch HEE e-LfH Learning Management System' in the left-hand menu.
5. You will be taken to the HEE e-LfH LMS where you can access the e-learning content.



Enrol on to the program and complete the relevant e-learning that you are required to. Once you have done this you should be able to access your certificates which you will need to present on the first day or during your placement. These can be printed or presented electronically. You may wish to write a reflective account or evidence on the completed module. The certificate can be saved in your portfolio or uploaded under ‘Miscellaneous Evidence Upload’ in your HEE e-portfolio.

Please be aware each module may take some time to complete, so allow yourself plenty of time to complete them before or during your placement.

**END**